

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER

KALTOFT 1

**TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371**

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

**09/720371**

INTERNATIONAL APPLICATION NO.

PCT/DK99/00363

INTERNATIONAL FILING DATE

25 June 1999

PRIORITY CLAIMED

26 June 1998

TITLE OF INVENTION

**METHODS OF EXPANDING AND SELECTING DISEASE ASSOCIATED T-CELLS**

APPLICANT(S) FOR DO/EO/US

**Keld KALTOFT et al.**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).
4. ☒ The US has been elected in a Demand by the expiration of 19 months from the priority date (PCT Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a. ☐ is attached hereto (required only if not transmitted by the International Bureau).
  - b. ☒ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☐ An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☒ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11. to 16. below concern document(s) or information included:**

11. ☐ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An Assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A FIRST preliminary amendment.  
☐ A SECOND or SUBSEQUENT preliminary amendment.
14. ☐ A substitute specification.
15. ☐ A change of power of attorney and/or address letter.
16. ☒ Other items or information:
  - ☒ Courtesy copy of the International Application as filed.
  - ☒ Courtesy copy of the first page of the International Publication (WO 00/00587).
  - ☒ Courtesy copy of the International Preliminary Examination Report with annexes containing claims 1-55 to be substituted for the original claims for examination in this case.
  - ☒ Formal drawings, 22 sheets, Figures 1-20B.
  - ☒ Courtesy Copy of the International Search Report.

|                                                                     |  |                                                        |  |                                           |  |
|---------------------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------|--|
| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>09/720371</b> |  | International Application No.<br><b>PCT/DK99/00363</b> |  | Attorney's Docket No.<br><b>KALTOFT 1</b> |  |
|---------------------------------------------------------------------|--|--------------------------------------------------------|--|-------------------------------------------|--|

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------------------------------|----|
| 17. [xx] The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a)(1) –(5):</b><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO..... <b>\$1000.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO..... <b>\$860.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but<br>international search fee (37 CFR 1.445(a)(2)) paid to USPTO..... <b>\$710.00</b><br><br>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br>but all claims did not satisfy provisions of PCT Article 33(1)-(4)..... <b>\$690.00</b><br><br>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br>and all claims satisfied provisions of PCT Article 33(1)-(4)..... <b>\$100.00</b> |              |              |           | <b>CALCULATIONS PTO USE ONLY</b> |    |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |           | \$ 860.00                        |    |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than [ ] 20 [X] 30<br>months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |           | \$ 130.00                        |    |
| Claims as Originally Presented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Number Filed | Number Extra | Rate      |                                  |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 55 - 20      | 35           | X \$18.00 | \$ 630.00                        |    |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 - 3        | 0            | X \$80.00 | \$                               |    |
| Multiple Dependent Claims (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |           | +\$270.00                        | \$ |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |           | \$1,620.00                       |    |
| Claims After Post Filing Prel. Amend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number Filed | Number Extra | Rate      |                                  |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - 20         |              | X \$18.00 | \$                               |    |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - 3          |              | X \$78.00 | \$                               |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |           | \$1,620.00                       |    |
| Reduction of ½ for filing by small entity, if applicable. Applicant claims small entity<br>status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |           | \$                               |    |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |           | \$1,620.00                       |    |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than [ ] 20 [ ] 30<br>months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |           | \$                               |    |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |           | \$1,620.00                       |    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |           | \$                               |    |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |           | \$1,620.00                       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |           | Amount to be:<br>refunded        | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |           | charged                          | \$ |

a. [ ] A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.

b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$ 1,620.00, is attached.

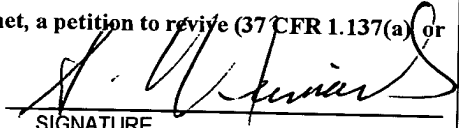
c. [ ] Please charge my Deposit Account No. **02-4035** in the amount of \$ \_\_\_\_\_ to cover the above fees.  
A duplicate copy of this sheet is enclosed.

d. [XX] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment  
to Deposit Account No. **02-4035**. A duplicate copy of this sheet is enclosed.

**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a)) or  
(b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

**BROWDY AND NEIMARK, P.L.L.C.**  
**624 NINTH STREET, N.W., SUITE 300**  
**WASHINGTON, D.C. 20001**  
**TEL: (202) 628-5197**  
**FAX: (202) 737-3528**  
**Date of this submission: December 26, 2000**

  
 SIGNATURE  
**Sheridan Neimark**  
 NAME  
**20,520**  
 REGISTRATION NUMBER

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